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| SERIAL NUMBER 10/790,263 | FILING OR 371(c) DATE 03/01/2004 RULE | CLASS 600 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. 17489 | |
| APPLICANTS Hironobu Takizawa, Tokyo, JAPAN; Takeshi Yokoi, Tokyo, JAPAN; Akira Kikuchi, Yokohama-shi, JAPAN; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** JAPAN 2003-057530 03/04/2003 <i>PRS</i> JAPAN 2003-132999 05/12/2003 <i>PRS</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/19/2004 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>AS</i> Examiner's Signature Initials | | STATE OR COUNTRY JAPAN | SHEETS DRAWING 16 | TOTAL CLAIMS 52 | INDEPENDENT CLAIMS 10 |
| ADDRESS 23389 | | | | | |
| TITLE Capsule medical apparatus and capsule medical apparatus collecting system | | | | | |
| FILING FEE RECEIVED 1948 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |